

110TH CONGRESS  
1ST SESSION

# S. 631

To amend title XVIII of the Social Security Act to provide for coverage of remote patient management services for chronic health care conditions under the Medicare Program.

---

## IN THE SENATE OF THE UNITED STATES

FEBRUARY 15, 2007

Mr. COLEMAN introduced the following bill; which was read twice and referred to the Committee on Finance

---

## A BILL

To amend title XVIII of the Social Security Act to provide for coverage of remote patient management services for chronic health care conditions under the Medicare Program.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*

3       **SECTION 1. SHORT TITLE.**

4       This Act may be cited as the “Remote Monitoring  
5       Access Act of 2007”.

6       **SEC. 2. FINDINGS.**

7       Congress finds the following:

1           (1) Remote patient monitoring can make chron-  
2       ic disease management more effective and efficient  
3       for patients and the health care system.

4           (2) By collecting, analyzing, and transmitting  
5       clinical health information to a health care practi-  
6       tioner, remote monitoring technologies allow patients  
7       and physicians to manage the patient's condition in  
8       a consistent and real-time fashion.

9           (3) Utilization of these technologies not only  
10      improves the quality of care given to patients, it also  
11      reduces the need for frequent physician office ap-  
12      pointments, costly emergency room visits, and un-  
13      necessary hospitalizations.

14          (4) Monitoring a patient's disease from the  
15      home reduces the need for face-to-face physician  
16      interactions, thereby minimizing unnecessary travel  
17      and missed work and providing particular value to  
18      individuals residing in rural or underserved commu-  
19      nities who would otherwise face potentially signifi-  
20      cant access barriers to receiving needed care.

21          (5) Four major areas in which remote manage-  
22      ment technologies are emerging in health care are  
23      the treatment of congestive heart failure, diabetes,  
24      cardiac arrhythmia, and sleep apnea (sleep dis-  
25      ordered breathing). Prompt transmission of clinical

1 data on each of these conditions, to the physician or  
2 the patient as appropriate, are essential to providing  
3 timely and appropriate therapeutic interventions  
4 which can then reduce expensive hospitalizations.

5 (6) Despite these innovations, remote manage-  
6 ment technologies have failed to diffuse rapidly. A  
7 significant barrier to wider adoption is the relative  
8 lack of payment mechanisms in fee-for-service Medi-  
9 care to reimburse for remote, non-face-to-face man-  
10 agement.

11 (7) This Act will eliminate this barrier to new  
12 technologies by requiring Medicare to reimburse doc-  
13 tors for time spent analyzing data transmitted to  
14 them by remote patient management technologies.

15 (8) This Act also promotes high quality care by  
16 requiring the Secretary of Health and Human Serv-  
17 ices to consult with physician groups to create a  
18 standard of care and a quality standard for remote  
19 patient management services for the covered chronic  
20 conditions.

21 (9) This Act provides physicians with a finan-  
22 cial incentive to meet or exceed the standard of care  
23 and quality standards.

1 **SEC. 3. COVERAGE OF REMOTE PATIENT MANAGEMENT**  
 2 **SERVICES FOR CHRONIC HEALTH CARE CON-**  
 3 **DITIONS.**

4 (a) IN GENERAL.—Section 1861(s)(2) of the Social  
 5 Security Act (42 U.S.C. 1395x(s)(2)) is amended—

6 (1) in subparagraph (Z), by striking “and” at  
 7 the end;

8 (2) in subparagraph (AA), by inserting “and”  
 9 at the end; and

10 (3) by inserting after subparagraph (AA) the  
 11 following new subparagraph:

12 “(BB) remote patient management services (as  
 13 defined in subsection (ccc));”.

14 (b) SERVICES DESCRIBED.—Section 1861 of the So-  
 15 cial Security Act (42 U.S.C. 1395x) is amended by adding  
 16 at the end the following new subsection:

17 “Remote Patient Management Services

18 “(ccc)(1) The term ‘remote patient management serv-  
 19 ices’ means the remote monitoring and management of an  
 20 individual with a covered chronic health condition (as de-  
 21 fined in paragraph (2)) through the utilization of a system  
 22 of technology that allows a remote interface to collect and  
 23 transmit clinical data between the individual and the re-  
 24 sponsible physician or supplier for the purposes of clinical  
 25 review or response by the physician or supplier.

1       “(2) For purposes of paragraph (1), the term ‘cov-  
2       ered chronic health condition’ includes—

3               “(A) heart failure;

4               “(B) diabetes;

5               “(C) cardiac arrhythmia;

6               “(D) sleep apnea; and

7               “(E) any other chronic condition determined by  
8       the Secretary to be appropriate for treatment  
9       through remote patient management services.

10       “(3)(A) The Secretary, in consultation with appro-  
11       priate physician groups, shall develop guidelines on the  
12       frequency of billing for remote patient management serv-  
13       ices. Such guidelines shall be determined based on medical  
14       necessity and shall be sufficient to ensure appropriate and  
15       timely monitoring of individuals being furnished such serv-  
16       ices.

17       “(B) The Secretary, acting through the Agency for  
18       Health Care Research and Quality, shall do the following:

19               “(i) Not later than 1 year after the date of en-  
20       actment of the Remote Monitoring Access Act of  
21       2007, develop, in consultation with appropriate phy-  
22       sician groups, a standard of care and quality stand-  
23       ards for remote patient management services for the  
24       covered chronic health conditions specified in sub-  
25       paragraphs (A), (B), (C), and (D) of paragraph (2).

1           “(ii) If the Secretary makes a determination  
 2           under paragraph (2)(E) with respect to a chronic  
 3           condition, develop, in consultation with appropriate  
 4           physician groups, a standard of care and quality  
 5           standards for remote patient management services  
 6           for such condition within 1 year of such determina-  
 7           tion.

8           “(iii) Periodically review and update such  
 9           standards of care and quality standards under this  
 10          subparagraph as necessary.”.

11          (c) PAYMENT UNDER THE PHYSICIAN FEE SCHED-  
 12          ULE.—Section 1848 of the Social Security Act (42 U.S.C.  
 13          1395w-4) is amended—

14                 (1) in subsection (c)—

15                         (A) in paragraph (2)(B)—

16                                 (i) in clause (ii)(II), by striking “and  
 17                                 (v)” and inserting “, (v), and (vi)”;

18                                 (ii) by adding at the end the following  
 19                                 new clause:

20                                         “(vi) BUDGETARY TREATMENT OF  
 21                                         CERTAIN SERVICES.—The additional ex-  
 22                                         penditures attributable to services de-  
 23                                         scribed in section 1861(s)(2)(BB) shall not  
 24                                         be taken into account in applying clause  
 25                                         (ii)(II) for 2008.”; and

1 (B) by adding at the end the following new  
2 paragraph:

3 “(7) TREATMENT OF REMOTE PATIENT MAN-  
4 AGEMENT SERVICES.—In determining relative value  
5 units for remote patient management services (as  
6 defined in section 1861(ccc)), the Secretary, in con-  
7 sultation with appropriate physician groups, shall  
8 take into consideration—

9 “(A) costs associated with such services,  
10 including physician time involved, installation  
11 and information transmittal costs, costs of re-  
12 mote patient management technology (including  
13 devices and software), and resource costs nec-  
14 essary for patient monitoring and follow-up  
15 (but not including costs of any related item or  
16 non-physician service otherwise reimbursed  
17 under this title); and

18 “(B) the level of intensity of services pro-  
19 vided, based on—

20 “(i) the frequency of evaluation nec-  
21 essary to manage the individual being fur-  
22 nished the services;

23 “(ii) the amount of time necessary  
24 for, and the complexity of the evaluation,

1 including the information that must be ob-  
 2 tained, reviewed, and analyzed; and

3 “(iii) the number of possible diagnoses  
 4 and the number of management options  
 5 that must be considered.”; and

6 (2) in subsection (j)(3), by inserting “(2)(BB),”  
 7 after “(2)(AA),”.

8 (d) INCENTIVE PAYMENTS.—Section 1833 of the So-  
 9 cial Security Act (42 U.S.C. 1395l) is amended by adding  
 10 at the end the following new subsection:

11 “(v) INCENTIVE FOR MEETING CERTAIN STANDARDS  
 12 OF CARE AND QUALITY STANDARDS IN THE FURNISHING  
 13 OF REMOTE PATIENT MANAGEMENT SERVICES.—In the  
 14 case of remote patient management services (as defined  
 15 in section 1861(ccc)) that are furnished by a physician  
 16 who the Secretary determines meets or exceeds the stand-  
 17 ards of care and quality standards developed by the Sec-  
 18 retary under paragraph (3)(B) of such section for such  
 19 services, in addition to the amount of payment that would  
 20 otherwise be made for such services under this part, there  
 21 shall also be paid to the physician (or to an employer or  
 22 facility in cases described in subclause (A) of section  
 23 1842(b)(6)) (on a monthly or quarterly basis) from the  
 24 Federal Supplementary Medical Insurance Trust Fund an

1 amount equal to 10 percent of the payment amount for  
2 the service under this part.”.

3 (e) EFFECTIVE DATE.—The amendments made by  
4 this section shall apply to services furnished on or after  
5 January 1, 2008.

